#### **RULE**

# Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Rural Health Clinics CLicensing Standards (LAC 48:I.Chapter 75)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, has amended the following Rule under the Medical Assistance Program as authorized by R.S. 46:153 and pursuant to Title XIX of the Social Security Act. This Rule is amended in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

# Title 48 PUBLIC HEALTHC GENERAL Part I. General Administration Subpart 3. Licensing and Certification Chapter 75. Licensing of Rural Health Clinics §7501. Definitions and Acronyms

Professional Services Cdocumented on-site visits at the clinic or in locations other than the clinic, such as the patient—s home, for the purpose of providing professional level skilled services. Professional Services include physical assessment, any of the waived clinical laboratory tests and treatment/education for the illness diagnosed when provided by a qualified professional as defined below.

Qualified Professionals Cone of the following professionals qualified to provide services:

- a. PhysicianCDoctor of Medicine (MD);
- b. Advanced Practice Registered Nurse (APRN);
- c. Licensed Physician=s Assistant (PA);

- d. Licensed Social WorkerCLicensed Clinical Social Worker (LCSW);
  - e. Licensed Clinical Psychologist (LP).

\* \* \*

Secretary Bescretary of the Department of Health and Hospitals.

\* \* \*

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:508 (March 2002).

# §7503. Licensing

- A. General Provisions. Rural Health Clinics shall:
  - 1. ...
- 2. meet and maintain compliance with all current DHH minimum licensing standards;
  - 3. 4. ...
- 5. The rural health clinic license shall be posted within public view in a conspicuous place within the facility.
  - B. B.2.a. ...
- b. Complete and submit an original rural health clinic licensing application.
  - B.2.c. C.2.d. ...
- D. Informal Dispute Resolution. Following each survey, the provider will have one opportunity to question citations of deficient practice through an informal dispute resolution process. Notice is sent with each statement of deficiencies and provides instructions on how to request the informal dispute resolution.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:508 (March 2002).

## §7505. Denial, Revocation, or Non-Renewal of License

- A. The Secretary of DHH may deny an application for a license, refuse to renew a license or revoke a license when an investigation reveals that the applicant or licensee is not in conformance with or in violation of the provisions of R.S. 40:2197, provided that in all such cases, the Secretary shall furnish the applicant or licensee 30 calendar days written notice specifying the reasons for the action.
- B. A rural health clinic license may be denied, revoked, or non-renewed for any of, but not limited to, the following reasons:
- 1. failure to meet any of the minimum standards, rules and regulations as prescribed under R.S. 40:2197;
- 2. conviction of a felony, as shown by a certified copy of the applicant-s record of the court of conviction, or if the applicant is a firm or corporation, on any of its members or officers, or of the person designated to manage or supervise the facility; or if the supervisor of the facility is not reputable; or if the staff or a member of the staff is temperamentally or otherwise unsuited for the care of the patients in the facility. For the purposes of this Paragraph, conviction of a felony means and includes:
- a. conviction of a criminal offense related to that persons involvement in any program under Medicare or Medicaid, since the inception of those programs;

- b. conviction of a felony relating to violence, abuse and/or neglect of a person;
- c. conviction of a felony related to the misappropriation of property belonging to another person;
- 3. failure to comply with all federal, state and local laws:
- 4. failure of the facility to protect patients/persons in the community from harmful actions of the clinic employees, including but not limited to:
  - a. health;
  - b. safety;
  - c. coercion:
  - d. threat;
  - e. intimidation;
  - f. solicitation; and
  - g. harassment;
- 5. failure to maintain adequate staff to provide necessary services to current active patients;
  - 6. failure to employ qualified personnel;
- 7. failure to remain fully operational at all times for any reason other than a disaster;
- 8. failure to submit fees, including but not limited to, annual renewal fee at least 30 days prior to the license expiration date;
- 9. failure to allow entry to the rural health clinic or access to any requested records during any state or federal survey;
  - 10. cruelty to patients.
- C. Any involuntary termination, failure to renew, or voluntary termination of the facility-s license to avoid adverse action will automatically prevent the facility, the facility owners, professional staff, administrative staff, family members and others as appropriate from applying for a RHC license, or from owning or working with a rural health clinic, for at least one year. Persons who own 5 percent or more of a facility are considered owners.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:508 (March 2002).

#### §7507. Changes/Reporting

A. - B.3.c. ...

d. use of a contract mid-level practitioner instead of the employee for any period of time greater than 30 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:509 (March 2002).

#### §7509. Annual Licensing Renewal

- A. Department of Health and Hospital Responsibilities. It is the responsibility of DHH to:
- 1. send a letter of notification of license renewal to the facility approximately 45 days prior to expiration of the license:
- conduct an annual survey to assure that the facility provides quality care and adheres to licensing requirements; and
- 3. make a determination and take appropriate action regarding licensing.

- B. Rural Health Clinic Responsibilities. It is the responsibility of the RHC to:
- 1. notify DHH if the renewal letter is not received in a timely manner;
- 2. complete the licensing application and obtain and submit other required data; and
  - 3. submit the appropriate license fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:509 (March 2002).

## §7511. Notice and Appeal Procedures

A. Administrative Appeal. In accordance with the Administrative Procedure Act, the facility may request an administrative appeal when notice is received of denial of initial license, denial of a license renewal or revocation of the license. The request for the administrative appeal must be submitted in writing to the Department of Health and Hospitals, Office of the Secretary, within 30 days of receipt of the notice of the adverse action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:509 (March 2002).

# §7515. Voluntary Cessation of Business

A. - A.2. ...

B. Expiration of License. Failure to renew a license prior to its expiration date shall result in non-renewal of the license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:509 (March 2002).

## §7517. Personnel Qualifications/Responsibilities

A. - B.1.b. ...

2. Mid-level Practitioner. The mid-level practitioner shall be appropriately licensed and credentialed as either an advanced practice registered nurse (family nurse practitioner) or physician-s assistant. The mid-level practitioner(s) shall be required to maintain Advanced Cardiac Life Support (ACLS) certification to assure his/her proficiency in accepted standards of emergency care. If a facility has a current written agreement with an advanced life support provider, who can provide care within 10 minutes, then the mid-level practitioner and/or physician are exempt from this required certification.

B.2.a. - C. ..

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:509 (March 2002).

#### §7519. Services

A. - A.2. ...

B. Diagnostic Services. The clinic must have the capacity to evaluate and make initial diagnoses on-site in order to refer the patient to the appropriate facility for treatment and/or more definitive diagnoses. RHCs shall, as a

minimum, provide basic laboratory services essential to the immediate diagnosis and treatment of the patient. This includes:

- 1. chemical examinations of urine by stick or tablet method, or both (including urine ketones);
  - 2. hemoglobin or hematocrit;
  - 3. blood glucose;
  - 4. examination of stool specimens for occult blood;
  - 5. pregnancy tests; and
- 6. primary culturing for transmittal to a certified laboratory.

C. - C.1.c. ...

2. Emergency Care. The clinic shall maintain emergency equipment, medications and personnel to provide pre-hospital advanced cardiac life support until emergency transportation can arrive and assume care of those in need of services.

C.2.a - D.2.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:509 (March 2002).

# §7521. Agency Operations

A. - A.2.d. ...

- B. Agreements. Written agreements shall be clearly worded, dated, reviewed and signed by all parties. All agreements shall be updated as needed to reflect any changes in relationships, provision of services, or other pertinent information.
  - C. Operation Hours. A facility shall provide:
- 1. primary care services at least 36 hours per week. For rural health clinics located in parishes designated as priority access, mobile units and RHC's with low caseloads, the Department may waive such requirement if:
- a. the RHC demonstrates to the satisfaction of the Health Standards Section of DHH that by providing primary care services less than 36 hours per week, patients are not denied access to care;
- b. the Department determines that a waiver of the requirement will not endanger the health or safety of patients needing RHC services; and
- c. a waiver granted by the Department is subject to annual review;
- 2. on-call qualified professional assistance for 24 hours per day, seven days per week;
- 3. appropriately qualified professional staff on duty during all hours of operation. Failure to do so will result in immediate adverse action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:510 (March 2002).

### §7523. Procedural Standards

- A. The following processes are required for rural health clinics in Louisiana:
  - 1. Access to Care. Rural health clinics shall:
- a. be in compliance with R.S. 40:2007 if the RHC is located within another health care provider.

A.1.b. - A.8. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:510 (March 2002).

#### §7533. Advisory Committee

A. All members of the advisory committee shall be designated in writing and approved by the governing board. The advisory committee shall be composed of two medical professionals, and at least one consumer of services, not employed by the facility. However, facility staff should attend meetings.

A.1. - A.2.b.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197, and Title XIX of the Social Security Act. HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:510 (March 2002).

Implementation of the provisions of this rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

David W. Hood Secretary

0203#064